

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX
COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

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PROVIDER NO:
14-4999

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PERIOD
FROM 5/ 1/2008
TO 4/30/2009

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INTERMEDIARY USE ONLY
--AUDITED --DESK REVIEW
--INITIAL --REOPENED
--FINAL 1-MCR CODE
00 - # OF REOPENINGS

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DATE RECEIVED:
/
/
INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT

DATE: 9/22/2009

TIME 9:12

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
LINCOLN PRAIRIE BEHAVIORAL HC 14-4999
FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2008 AND ENDING 4/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
1	2	3	4	5	6
1	0	0	0	0	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 5230 S. 6TH ST.
1.01 CITY: SPRINGFIELD P.O. BOX: STATE: IL ZIP CODE: 62703- COUNTY: SANGAMON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	V XVIII XIX
02.00 HOSPITAL	LINCOLN PRAIRIE BEHAVIORAL HC	14-4999		5/15/2008	4 5 6 N N P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 5/ 1/2008 TO: 4/30/2009 1 2
18 TYPE OF CONTROL 4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 4
20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 1

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 44100

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRU) ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/ /
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/ /
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N / /
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1 2 3 4 0 0.0000 0.0000
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00 0
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		
28.03	STAFFING	% Y/N 0.00%
28.04	RECRUITMENT	0.00%
28.05	RETENTION	0.00%
28.06	TRAINING	0.00%
28.07		0.00%
28.08		0.00%
28.09		0.00%
28.10		0.00%
28.11		0.00%
28.12		0.00%
28.13		0.00%
28.14		0.00%
28.15		0.00%
28.16		0.00%
28.17		0.00%
28.18		0.00%
28.19		0.00%
28.20		0.00%
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
MISCELLANEOUS COST REPORT INFORMATION		
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL		
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	V XVIII XIX 1 2 3
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE	N N N

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?
TITLE XIX INPATIENT SERVICES
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 679014
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.
(SEE 42 CFR 413.13.)

	PART A 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5
47.00 HOSPITAL	N	N	N	N	N
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)					N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV					N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /					/ /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 0 PAID LOSSES: 0 AND/OR SELF INSURANCE: 0					
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.					N
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEE 4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					N
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)					N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)					N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

COMPONENT		I/P DAYS / TITLE XIX OBSERVATION BEDS		O/P VISITS TOTAL	/ TRIPS TOTAL OBSERVATION BEDS		-- INTERNS & RES. FTES --	
		ADMITTED	NOT ADMITTED	ALL PATS	ADMITTED	NOT ADMITTED	TOTAL	LESS I&R REPL NON-PHYS ANES
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			12,603				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			12,603				
12	TOTAL			12,603				
13	RPCH VISITS							
14	SUBPROVIDER							
17	OTHER LONG TERM CARE							
25	TOTAL							
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

		I & R FTES	--- FULL TIME EQUIV ---	DISCHARGES		
COMPONENT		NET	EMPLOYEES ON PAYROLL	TITLE V	TITLE XVIII	TITLE XIX
		9	10	11	12	13
						14
						15
1	ADULTS & PEDIATRICS					759
2	HMO					1,029
2	01 HMO - (IRF PPS SUBPROVIDER)					
3	ADULTS & PED-SB SNF					
4	ADULTS & PED-SB NF					
5	TOTAL ADULTS AND PEDS					
12	TOTAL		110.15			759
13	RPCH VISITS					1,029
14	SUBPROVIDER					
17	OTHER LONG TERM CARE					
25	TOTAL		110.15			
26	OBSERVATION BED DAYS					
27	AMBULANCE TRIPS					
28	EMPLOYEE DISCOUNT DAYS					
28	01 EMP DISCOUNT DAYS -IRF					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-4999
II PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009I PREPARED 9/22/2009
I WORKSHEET A
I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		583,791	583,791	1,209	585,000
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		93,961	93,961	16,714	110,675
5	0500	EMPLOYEE BENEFITS	101,790	326,586	428,376		428,376
6	0600	ADMINISTRATIVE & GENERAL	1,524,995	1,440,758	2,965,753	-105,911	2,859,842
8	0800	OPERATION OF PLANT	112,407	522,926	635,333	-1,112	634,221
9	0900	LAUNDRY & LINEN SERVICE		27,755	27,755	62	27,817
10	1000	HOUSEKEEPING		234,957	234,957	1,313	236,270
11	1100	DIETARY	73,654	358,498	432,152		432,152
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	421,634	63,620	485,254	-3,588	481,666
17	1700	MEDICAL RECORDS & LIBRARY	84,602	16,576	101,178	515	101,693
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	2,025,366	273,480	2,298,846	376,261	2,675,107
31	3100	SUBPROVIDER					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
41	4100	RADIOLOGY-DIAGNOSTIC					
44	4400	LABORATORY		23,994	23,994		23,994
51	5100	OCCUPATIONAL THERAPY					
51.01	5101	OCCUPATIONAL THERAPY	80,116	18,214	98,330	-98,330	
51.02	5102	SOCIAL WORK SERVICES	238,241	34,463	272,704	-272,704	
53	5300	ELECTROCARDIOLOGY		7,402	7,402	-7,402	
56	5600	DRUGS CHARGED TO PATIENTS		353,675	353,675		353,675
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	81,156	9,525	90,681	4,450	95,131
		SPEC PURPOSE COST CENTERS					
95		SUBTOTALS	4,743,961	4,390,181	9,134,142	-88,523	9,045,619
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES					
99	9900	NONPAID WORKERS				88,523	88,523
100	7951	COMMUNITY RELATIONS			82,090		82,090
100.01	7950	EDUCATION ACUTE	72,016	10,074	82,090		82,090
101		TOTAL	4,815,977	4,400,255	9,216,232	-0-	9,216,232

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-4999
II PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009
II PREPARED 9/22/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		585,000
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		110,675
5	0500 EMPLOYEE BENEFITS	-65,850	362,526
6	0600 ADMINISTRATIVE & GENERAL	-678,442	2,181,400
8	0800 OPERATION OF PLANT		634,221
9	0900 LAUNDRY & LINEN SERVICE		27,817
10	1000 HOUSEKEEPING		236,270
11	1100 DIETARY	-16,654	415,498
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-433	481,233
17	1700 MEDICAL RECORDS & LIBRARY	-1,347	100,346
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-2,175	2,672,932
31	3100 SUBPROVIDER		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
41	4100 RADIOLOGY-DIAGNOSTIC		
44	4400 LABORATORY		23,994
51	5100 OCCUPATIONAL THERAPY		
51.01	5101 OCCUPATIONAL THERAPY		
51.02	5102 SOCIAL WORK SERVICES		
53	5300 ELECTROCARDIOLOGY		
56	5600 DRUGS CHARGED TO PATIENTS		353,675
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		95,131
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-764,901	8,280,718
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7951 COMMUNITY RELATIONS		88,523
100.01	7950 EDUCATION ACUTE		82,090
101	TOTAL	-764,901	8,451,331

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
31	SUBPROVIDER	3100	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
51	OCCUPATIONAL THERAPY	5100	
51.01	OCCUPATIONAL THERAPY	5101	OCCUPATIONAL THERAPY
51.02	SOCIAL WORK SERVICES	5102	OCCUPATIONAL THERAPY
53	ELECTROCARDIOLOGY	5300	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	COMMUNITY RELATIONS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.01	EDUCATION ACUTE	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

 PROVIDER NO:
144999

PERIOD:

FROM 5/ 1/2008

TO 4/30/2009

PREPARED 9/22/2009

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE	NO		
	1	2		3	4	5
1 RENT LEASE	A	NEW CAP REL COSTS-BLDG & FIXT		3		1,209
2		NEW CAP REL COSTS-MVBLE EQUIP		4		16,714
3 COMMUNITY RELATIONS	B	COMMUNITY RELATIONS		100	68,102	20,421
4 RECREATION THERAPY	C	ADULTS & PEDIATRICS		25	79,155	17,996
5		CLINIC		60	961	218
6 THERAPY RECLASS	D	ADULTS & PEDIATRICS		25	235,383	34,050
7		CLINIC		60	2,858	413
8 WTB CODING	E	LAUNDRY & LINEN SERVICE		9		62
9		MEDICAL RECORDS & LIBRARY		17		515
10		HOUSEKEEPING		10		1,313
11		ADULTS & PEDIATRICS		25		2,275
12 EKG	F	ADULTS & PEDIATRICS		25		7,402
36 TOTAL RECLASSIFICATIONS					386,459	102,588

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
144999

PERIOD:

FROM 5/ 1/2008
TO 4/30/2009PREPARED 9/22/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	DECREASE					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 RENT LEASE	A	ADMINISTRATIVE & GENERAL	6		17,388	10
2		OPERATION OF PLANT	8		535	10
3 COMMUNITY RELATIONS	B	ADMINISTRATIVE & GENERAL	6	68,102	20,421	
4 RECREATION THERAPY	C	OCCUPATIONAL THERAPY	51.01	80,116	18,214	
5						
6 THERAPY RECLASS	D	SOCIAL WORK SERVICES	51.02	238,241	34,463	
7						
8 WTB CODING	E	OPERATION OF PLANT	8		577	
9		NURSING ADMINISTRATION	14		3,588	
10						
11						
12 EKG	F	ELECTROCARDIOLOGY	53		7,402	
36 TOTAL RECLASSIFICATIONS				386,459	102,588	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
144999

PERIOD:

FROM 5/ 1/2008

TO 4/30/2009

PREPARED 9/22/2009

WORKSHEET A-6

NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : RENT LEASE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,209
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	16,714
TOTAL RECLASSIFICATIONS FOR CODE A			17,923

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	17,388
OPERATION OF PLANT	8	535
		17,923

RECLASS CODE: B

EXPLANATION : COMMUNITY RELATIONS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	COMMUNITY RELATIONS	100	88,523
TOTAL RECLASSIFICATIONS FOR CODE B			88,523

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	88,523
		88,523

RECLASS CODE: C

EXPLANATION : RECREATION THERAPY

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	97,151
2.00	CLINIC	60	1,179
TOTAL RECLASSIFICATIONS FOR CODE C			98,330

DECREASE		
COST CENTER	LINE	AMOUNT
OCCUPATIONAL THERAPY	51.01	98,330
		0
		98,330

RECLASS CODE: D

EXPLANATION : THERAPY RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	269,433
2.00	CLINIC	60	3,271
TOTAL RECLASSIFICATIONS FOR CODE D			272,704

DECREASE		
COST CENTER	LINE	AMOUNT
SOCIAL WORK SERVICES	51.02	272,704
		0
		272,704

RECLASS CODE: E

EXPLANATION : WTB CODING

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	62
2.00	MEDICAL RECORDS & LIBRARY	17	515
3.00	HOUSEKEEPING	10	1,313
4.00	ADULTS & PEDIATRICS	25	2,275
TOTAL RECLASSIFICATIONS FOR CODE E			4,165

DECREASE		
COST CENTER	LINE	AMOUNT
OPERATION OF PLANT	8	577
NURSING ADMINISTRATION	14	3,588
		0
		0
		4,165

RECLASS CODE: F

EXPLANATION : EKG

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	7,402
TOTAL RECLASSIFICATIONS FOR CODE F			7,402

DECREASE		
COST CENTER	LINE	AMOUNT
ELECTROCARDIOLOGY	53	7,402
		7,402

ADJUSTMENTS TO EXPENSES

 I PROVIDER NO:
 I 14-4999
 I

 I PERIOD:
 I FROM 5/ 1/2008 I PREPARED 9/22/2009
 I TO 4/30/2009 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-708,365			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	96,972			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-13,464	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,347	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-3,190	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 OTHER REVENUE	B	-127	ADMINISTRATIVE & GENERAL	6	
38 WORKERS COMP	A	-17,933	EMPLOYEE BENEFITS	5	
39 MEDICAL INSURANCE	A	-26,603	EMPLOYEE BENEFITS	5	
40 LIABILITY INSURANCE	A	8,817	ADMINISTRATIVE & GENERAL	6	
41 MARKETING	A	-6,889	ADMINISTRATIVE & GENERAL	6	
42 MISCELLANEOUS	A	-614	EMPLOYEE BENEFITS	5	
43 MISCELLANEOUS	A	-35,495	ADMINISTRATIVE & GENERAL	6	
44 MISCELLANEOUS	A	-433	NURSING ADMINISTRATION	14	
45 MISCELLANEOUS	A	-2,059	ADULTS & PEDIATRICS	25	
46 MISCELLANEOUS	A	-116	ADULTS & PEDIATRICS	25	
47 PHYSICIAN EXPENSES	A	-33,355	ADMINISTRATIVE & GENERAL	6	
48 PHYSICIAN INDIRECT BENEFITS	A	-20,700	EMPLOYEE BENEFITS	5	
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-764,901			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	HOME OFFICE COST	416,484	319,512	96,972
2						
3						
4						
5		TOTALS		416,484	319,512	96,972

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	PSYCHIATRIC SOLUTIONS, IN	100.00	PSYCHIATRIC SOLUTIONS, IN	100.00
2			0.00		0.00
3			0.00		0.00
4			0.00		0.00
5			0.00		0.00

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
 I 14-4999
 I

I PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009

I PREPARED 9/22/2009
I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
6	AGGREGATE	734,536	699,054	35,481	142,500	382	26,171	1,309
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	734,536	699,054	35,481		382	26,171	1,309

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
6	AGGREGATE					26,171	9,310	708,365
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					26,171	9,310	708,365

COST ALLOCATION STATISTICS

I PROVIDER NO:

I PERIOD:

I PREPARED

9/22/2009

I 14-4999

I FROM 5/ 1/2008

I NOT A CMS WORKSHEET

I

I TO 4/30/2009

I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	PATIENT DAYS		ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
		0	3	4	5	5a.00	6	8
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &	585,000	585,000					
005	NEW CAP REL COSTS-MVBLE E	110,675		110,675				
006	EMPLOYEE BENEFITS	362,526	2,313	438	365,277			
008	ADMINISTRATIVE & GENERAL	2,181,400	56,724	10,732	112,887	2,361,743	2,361,743	
009	OPERATION OF PLANT	634,221	137,010	25,921	8,710	805,862	312,540	1,118,402
010	LAUNDRY & LINEN SERVICE	27,817				27,817	10,788	
011	HOUSEKEEPING	236,270	3,693	699		240,662	93,337	10,618
012	DIETARY	415,498	20,238	3,829	5,707	445,272	172,691	58,193
014	CAFETERIA							
017	NURSING ADMINISTRATION	481,233	2,942	557	32,670	517,402	200,666	8,460
	MEDICAL RECORDS & LIBRARY	100,346	4,232	801	6,555	111,934	43,412	12,168
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	2,672,932	339,050	64,142	181,307	3,257,431	1,263,338	974,914
031	SUBPROVIDER							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
041	RADIOLOGY-DIAGNOSTIC							
044	LABORATORY	23,994				23,994	9,306	
051	OCCUPATIONAL THERAPY							
051	01 OCCUPATIONAL THERAPY							
051	02 SOCIAL WORK SERVICES							
053	ELECTROCARDIOLOGY							
056	DRUGS CHARGED TO PATIENTS	353,675	2,561	484		356,720	138,348	7,363
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	95,131	13,379	2,531	6,584	117,625	45,619	38,470
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	8,280,718	582,142	110,134	354,420	8,266,462	2,290,045	1,110,186
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
100	COMMUNITY RELATIONS	88,523	981	186	5,277	94,967	36,831	2,820
100	01 EDUCATION ACUTE	82,090	1,877	355	5,580	89,902	34,867	5,396
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	8,451,331	585,000	110,675	365,277	8,451,331	2,361,743	1,118,402

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY	SUBTOTAL
		9	10	11	12	14	17	25
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE	38,605						
011	HOUSEKEEPING		344,617					
012	DIETARY		18,103	694,259				
014	CAFETERIA			77,818	77,818			
017	NURSING ADMINISTRATION		2,632		6,379	735,539		
025	MEDICAL RECORDS & LIBRARY		3,785		2,498		173,797	
031	INPAT ROUTINE SRVC CNTRS							
036	ADULTS & PEDIATRICS	38,605	303,282	607,191	62,068	735,539	163,866	7,406,234
041	SUBPROVIDER							
044	OTHER LONG TERM CARE							
051	ANCILLARY SRVC COST CNTRS							
051	RADIOLOGY-DIAGNOSTIC							
051	LABORATORY						545	33,845
053	OCCUPATIONAL THERAPY							
056	01 OCCUPATIONAL THERAPY							
060	02 SOCIAL WORK SERVICES							
095	ELECTROCARDIOLOGY							
096	DRUGS CHARGED TO PATIENTS		2,291		1,480		7,078	513,280
097	OUTPAT SERVICE COST CNTRS							
098	CLINIC		11,968	9,250	2,101		2,308	227,341
099	SPEC PURPOSE COST CENTERS							
100	SUBTOTALS	38,605	342,061	694,259	74,526	735,539	173,797	8,180,700
101	NONREIMBURS COST CENTERS							
102	GIFT, FLOWER, COFFEE SHOP							
103	RESEARCH							
104	PHYSICIANS' PRIVATE OFFIC							
105	NONPAID WORKERS							
106	COMMUNITY RELATIONS		877		1,244			136,739
107	01 EDUCATION ACUTE		1,679		2,048			133,892
108	CROSS FOOT ADJUSTMENT							
109	NEGATIVE COST CENTER							
110	TOTAL	38,605	344,617	694,259	77,818	735,539	173,797	8,451,331

	COST CENTER DESCRIPTION	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
	GENERAL SERVICE COST CNTR		
003	NEW CAP REL COSTS-BLDG &		
004	NEW CAP REL COSTS-MVBLE E		
005	EMPLOYEE BENEFITS		
006	ADMINISTRATIVE & GENERAL		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVICE		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATION		
017	MEDICAL RECORDS & LIBRARY		
	INPAT ROUTINE SRVC CNTRS		
025	ADULTS & PEDIATRICS		7,406,234
031	SUBPROVIDER		
036	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
041	RADIOLOGY-DIAGNOSTIC		
044	LABORATORY		33,845
051	OCCUPATIONAL THERAPY		
051 01	OCCUPATIONAL THERAPY		
051 02	SOCIAL WORK SERVICES		
053	ELECTROCARDIOLOGY		
056	DRUGS CHARGED TO PATIENTS		513,280
	OUTPAT SERVICE COST CNTRS		
060	CLINIC		227,341
	SPEC PURPOSE COST CENTERS		
095	SUBTOTALS		8,180,700
	NONREIMBURS COST CENTERS		
096	GIFT, FLOWER, COFFEE SHOP		
097	RESEARCH		
098	PHYSICIANS' PRIVATE OFFIC		
099	NONPAID WORKERS		
100	COMMUNITY RELATIONS		136,739
100 01	EDUCATION ACUTE		133,892
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	TOTAL		8,451,331

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	OPERATION OF PLANT 8
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		2,313	438	2,751	2,751		
006	ADMINISTRATIVE & GENERAL	22,050	56,724	10,732	89,506	851	90,357	
008	OPERATION OF PLANT		137,010	25,921	162,931	66	11,957	174,954
009	LAUNDRY & LINEN SERVICE						413	
010	HOUSEKEEPING		3,693	699	4,392		3,571	1,661
011	DIETARY		20,238	3,829	24,067	43	6,607	9,103
012	CAFETERIA							
014	NURSING ADMINISTRATION		2,942	557	3,499	246	7,677	1,323
017	MEDICAL RECORDS & LIBRARY		4,232	801	5,033	49	1,661	1,903
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		339,050	64,142	403,192	1,364	48,334	152,509
031	SUBPROVIDER							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
041	RADIOLOGY-DIAGNOSTIC							
044	LABORATORY						356	
051	OCCUPATIONAL THERAPY							
051	01 OCCUPATIONAL THERAPY							
051	02 SOCIAL WORK SERVICES							
053	ELECTROCARDIOLOGY							
056	DRUGS CHARGED TO PATIENTS		2,561	484	3,045		5,293	1,152
	OUTPAT SERVICE COST CNTRS							
060	CLINIC		13,379	2,531	15,910	50	1,745	6,018
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	22,050	582,142	110,134	714,326	2,669	87,614	173,669
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
100	COMMUNITY RELATIONS		981	186	1,167	40	1,409	441
100	01 EDUCATION ACUTE		1,877	355	2,232	42	1,334	844
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	22,050	585,000	110,675	717,725	2,751	90,357	174,954

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SUBTOTAL
		9	10	11	12	14	17	25
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE	413						
011	HOUSEKEEPING		9,624					
012	DIETARY		506	40,326				
014	CAFETERIA			4,520	4,520			
017	NURSING ADMINISTRATION		73		371	13,189		
017	MEDICAL RECORDS & LIBRARY		106		145		8,897	
025	INPAT ROUTINE SRVC CNTRS							
031	ADULTS & PEDIATRICS	413	8,470	35,269	3,605	13,189	8,389	674,734
036	SUBPROVIDER							
041	OTHER LONG TERM CARE							
044	ANCILLARY SRVC COST CNTRS							
051	RADIOLOGY-DIAGNOSTIC							
051	LABORATORY						28	384
051	OCCUPATIONAL THERAPY							
051	01 OCCUPATIONAL THERAPY							
051	02 SOCIAL WORK SERVICES							
053	ELECTROCARDIOLOGY							
056	DRUGS CHARGED TO PATIENTS		64		86		362	10,002
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC		334	537	122		118	24,834
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	413	9,553	40,326	4,329	13,189	8,897	709,954
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
098	RESEARCH							
099	PHYSICIANS' PRIVATE OFFIC							
100	NONPAID WORKERS							
100	COMMUNITY RELATIONS		24		72			3,153
101	01 EDUCATION ACUTE		47		119			4,618
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	413	9,624	40,326	4,520	13,189	8,897	717,725

ALLOCATION OF NEW CAPITAL RELATED COSTS

 I PROVIDER NO:
 I 14-4999
 I

 I PERIOD:
 I FROM 5/ 1/2008
 I TO 4/30/2009
 I

 I PREPARED 9/22/2009
 I WORKSHEET B
 I PART III

	COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
	GENERAL SERVICE COST CNTR		
003	NEW CAP REL COSTS-BLDG &		
004	NEW CAP REL COSTS-MVBLE E		
005	EMPLOYEE BENEFITS		
006	ADMINISTRATIVE & GENERAL		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVICE		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATION		
017	MEDICAL RECORDS & LIBRARY		
	INPAT ROUTINE SRVC CNTRS		
025	ADULTS & PEDIATRICS		674,734
031	SUBPROVIDER		
036	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
041	RADIOLOGY-DIAGNOSTIC		
044	LABORATORY		384
051	OCCUPATIONAL THERAPY		
051 01	OCCUPATIONAL THERAPY		
051 02	SOCIAL WORK SERVICES		
053	ELECTROCARDIOLOGY		
056	DRUGS CHARGED TO PATIENT'S		10,002
	OUTPAT SERVICE COST CNTRS		
060	CLINIC		24,834
	SPEC PURPOSE COST CENTERS		
095	SUBTOTALS		709,954
	NONREIMBURS COST CENTERS		
096	GIFT, FLOWER, COFFEE SHOP		
097	RESEARCH		
098	PHYSICIANS' PRIVATE OFFIC		
099	NONPAID WORKERS		
100	COMMUNITY RELATIONS		3,153
100 01	EDUCATION ACUTE		4,618
101	CROSS FOOT ADJUSTMENTS		
102	NEGATIVE COST CENTER		
103	TOTAL		717,725

	COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	RECONCIL- IATION	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
		(SQUARE FEET	(SQUARE) FEET	(GROSS) SALARIES		(ACCUM. COST	(SQUARE) FEET
		3	4	5	6a.00	6	8
003	GENERAL SERVICE COST						
004	NEW CAP REL COSTS-BLD	96,633					
005	NEW CAP REL COSTS-MVB		96,633				
006	EMPLOYEE BENEFITS	382	382	4,714,187			
008	ADMINISTRATIVE & GENE	9,370	9,370	1,456,893	-2,361,743	6,089,588	
009	OPERATION OF PLANT	22,632	22,632	112,407		805,862	64,249
010	LAUNDRY & LINEN SERVI					27,817	
011	HOUSEKEEPING	610	610			240,662	610
012	DIETARY	3,343	3,343	73,654		445,272	3,343
014	CAFETERIA						
017	NURSING ADMINISTRATIO	486	486	421,634		517,402	486
025	MEDICAL RECORDS & LIB	699	699	84,602		111,934	699
031	INPAT ROUTINE SRVC CN						
036	ADULTS & PEDIATRICS	56,006	56,006	2,339,904		3,257,431	56,006
041	SUBPROVIDER						
044	OTHER LONG TERM CARE						
051	ANCILLARY SRVC COST C						
051	RADIOLOGY-DIAGNOSTIC					23,994	
051	LABORATORY						
051	OCCUPATIONAL THERAPY						
051	01 OCCUPATIONAL THERAPY						
051	02 SOCIAL WORK SERVICES						
053	ELECTROCARDIOLOGY						
056	DRUGS CHARGED TO PATI	423	423			356,720	423
060	OUTPAT SERVICE COST C						
095	CLINIC	2,210	2,210	84,975		117,625	2,210
096	SPEC PURPOSE COST CEN						
097	SUBTOTALS	96,161	96,161	4,574,069	-2,361,743	5,904,719	63,777
098	NONREIMBURS COST CENT						
099	GIFT, FLOWER, COFFEE						
100	RESEARCH						
100	PHYSICIANS' PRIVATE O						
100	NONPAID WORKERS						
101	COMMUNITY RELATIONS	162	162	68,102		94,967	162
101	01 EDUCATION ACUTE	310	310	72,016		89,902	310
102	CROSS FOOT ADJUSTMENT						
103	NEGATIVE COST CENTER						
104	COST TO BE ALLOCATED	585,000	110,675	365,277		2,361,743	1,118,402
104	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER	6.053833		.077485		.387833	
105	(WRKSHT B, PT I)		1.145313				17.407306
106	COST TO BE ALLOCATED						
106	(WRKSHT B, PART II)						
107	UNIT COST MULTIPLIER						
107	(WRKSHT B, PT II)			2,751		90,357	174,954
108	COST TO BE ALLOCATED						
108	(WRKSHT B, PART III)			.000584		.014838	
108	UNIT COST MULTIPLIER						2.723062
108	(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	DIETARY (MEALS ERVED)	CAFETERIA S(FTE'S)	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY
		(PATIENT DAYS (SQUARE) FEET			(DIRECT)SING HRS	NR(GROSS) CHARGES)
		9	10	11	12	14 17
003	GENERAL SERVICE COST					
004	NEW CAP REL COSTS-BLD					
005	NEW CAP REL COSTS-MVB					
006	EMPLOYEE BENEFITS					
008	ADMINISTRATIVE & GENE					
009	OPERATION OF PLANT					
010	LAUNDRY & LINEN SERVI	12,603				
011	HOUSEKEEPING		63,639			
012	DIETARY		3,343	43,680		
014	CAFETERIA			4,896	7,258	
017	NURSING ADMINISTRATIO		486		595	123,698
	MEDICAL RECORDS & LIB		699		233	13,935,341
025	INPAT ROUTINE SRVC CN					
031	ADULTS & PEDIATRICS	12,603	56,006	38,202	5,789	123,698 13,139,148
036	SUBPROVIDER					
	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST C					
041	RADIOLOGY-DIAGNOSTIC					
044	LABORATORY					43,700
051	OCCUPATIONAL THERAPY					
051 01	OCCUPATIONAL THERAPY					
051 02	SOCIAL WORK SERVICES					
053	ELECTROCARDIOLOGY					
056	DRUGS CHARGED TO PATI		423		138	567,476
060	OUTPAT SERVICE COST C					
	CLINIC		2,210	582	196	185,017
095	SPEC PURPOSE COST CEN					
	SUBTOTALS	12,603	63,167	43,680	6,951	123,698 13,935,341
096	NONREIMBURS COST CENT					
097	GIFT, FLOWER, COFFEE					
098	RESEARCH					
099	PHYSICIANS' PRIVATE O					
100	NONPAID WORKERS					
100 01	COMMUNITY RELATIONS		162		116	
101	EDUCATION ACUTE		310		191	
102	CROSS FOOT ADJUSTMENT					
103	NEGATIVE COST CENTER					
	COST TO BE ALLOCATED	38,605	344,617	694,259	77,818	735,539 173,797
104	(PER WRKSHT B, PART					
	UNIT COST MULTIPLIER		5.415186		10.721686	.012472
	(WRKSHT B, PT I)	3.063160		15.894208		5.946248
105	COST TO BE ALLOCATED					
	(PER WRKSHT B, PART					
106	UNIT COST MULTIPLIER					
	(WRKSHT B, PT II)					
107	COST TO BE ALLOCATED	413	9,624	40,326	4,520	13,189 8,897
	(PER WRKSHT B, PART					
108	UNIT COST MULTIPLIER		.151228		.622761	.000638
	(WRKSHT B, PT III)	.032770		.923214		.106623

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
31	ADULTS & PEDIATRICS	7,406,234		7,406,234		7,406,234
36	SUBPROVIDER					
	OTHER LONG TERM CARE					
41	ANCILLARY SRVC COST CNTRS					
44	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY	33,845		33,845		33,845
51	OCCUPATIONAL THERAPY					
51 01	OCCUPATIONAL THERAPY					
51 02	SOCIAL WORK SERVICES					
53	ELECTROCARDIOLOGY					
56	DRUGS CHARGED TO PATIENTS	513,280		513,280		513,280
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	227,341		227,341		227,341
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	8,180,700		8,180,700		8,180,700
102	LESS OBSERVATION BEDS					
103	TOTAL	8,180,700		8,180,700		8,180,700

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
31	ADULTS & PEDIATRICS	13,139,148		13,139,148			
36	SUBPROVIDER						
	OTHER LONG TERM CARE						
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
51	LABORATORY	43,586	114	43,700	.774485	.774485	.774485
51	OCCUPATIONAL THERAPY						
51	01 OCCUPATIONAL THERAPY						
51	02 SOCIAL WORK SERVICES						
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS	567,452	24	567,476	.904496	.904496	.904496
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		185,017	185,017	1.228757	1.228757	1.228757
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	13,750,186	185,155	13,935,341			
102	LESS OBSERVATION BEDS						
103	TOTAL	13,750,186	185,155	13,935,341			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
31	ADULTS & PEDIATRICS	7,406,234		7,406,234		7,406,234
36	SUBPROVIDER					
	OTHER LONG TERM CARE					
41	ANCILLARY SRVC COST CNTRS					
44	RADIOLOGY-DIAGNOSTIC					
51	LABORATORY	33,845		33,845		33,845
51	OCCUPATIONAL THERAPY					
51	01 OCCUPATIONAL THERAPY					
51	02 SOCIAL WORK SERVICES					
53	ELECTROCARDIOLOGY					
56	DRUGS CHARGED TO PATIENTS	513,280		513,280		513,280
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	227,341		227,341		227,341
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	8,180,700		8,180,700		8,180,700
102	LESS OBSERVATION BEDS					
103	TOTAL	8,180,700		8,180,700		8,180,700

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS	13,139,148		13,139,148			
31	ADULTS & PEDIATRICS						
36	SUBPROVIDER						
	OTHER LONG TERM CARE						
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC	43,586	114	43,700	.774485	.774485	.774485
51	LABORATORY						
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL THERAPY						
51 02	SOCIAL WORK SERVICES						
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS	567,452	24	567,476	.904496	.904496	.904496
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		185,017	185,017	1.228757	1.228757	1.228757
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	13,750,186	185,155	13,935,341			
102	LESS OBSERVATION BEDS						
103	TOTAL	13,750,186	185,155	13,935,341			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
51	LABORATORY	33,845	384	33,461			33,845
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL THERAPY						
51 02	SOCIAL WORK SERVICES						
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS	513,280	10,002	503,278			513,280
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	227,341	24,834	202,507			227,341
101	OTHER REIMBURS COST CNTRS						
102	SUBTOTAL	774,466	35,220	739,246			774,466
103	LESS OBSERVATION BEDS						
103	TOTAL	774,466	35,220	739,246			774,466

WKST A	COST CENTER DESCRIPTION	TOTAL	OUTPAT COST	I/P PT B COST
LINE NO.		CHARGES	TO CHRG RATIO	TO CHRG RATIO
		7	8	9
41	ANCILLARY SRVC COST CNTRS			
44	RADIOLOGY-DIAGNOSTIC			
51	LABORATORY	43,700	.774485	.774485
51	OCCUPATIONAL THERAPY			
51 01	OCCUPATIONAL THERAPY			
51 02	SOCIAL WORK SERVICES			
53	ELECTROCARDIOLOGY			
56	DRUGS CHARGED TO PATIENTS	567,476	.904496	.904496
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	185,017	1.228757	1.228757
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	796,193		
102	LESS OBSERVATION BEDS			
103	TOTAL	796,193		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
51	LABORATORY	33,845	384	33,461	38	1,941	31,866
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL THERAPY						
51 02	SOCIAL WORK SERVICES						
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS	513,280	10,002	503,278	1,000	29,190	483,090
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	227,341	24,834	202,507	2,483	11,745	213,113
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	774,466	35,220	739,246	3,521	42,876	728,069
102	LESS OBSERVATION BEDS						
103	TOTAL	774,466	35,220	739,246	3,521	42,876	728,069

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
41	ANCILLARY SRVC COST CNTRS			
44	RADIOLOGY-DIAGNOSTIC			
51	LABORATORY	43,700	.729199	.773616
51	OCCUPATIONAL THERAPY			
51 01	OCCUPATIONAL THERAPY			
51 02	SOCIAL WORK SERVICES			
53	ELECTROCARDIOLOGY			
56	DRUGS CHARGED TO PATIENTS	567,476	.851296	.902734
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	185,017	1.151856	1.215337
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	796,193		
102	LESS OBSERVATION BEDS			
103	TOTAL	796,193		

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				674,734		674,734
31	ADULTS & PEDIATRICS						
101	SUBPROVIDER				674,734		674,734
	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS	12,603	10,038			53.54	537,435
31	ADULTS & PEDIATRICS						
101	SUBPROVIDER						
	TOTAL	12,603	10,038				537,435

TITLE XIX		HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2				
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
51	LABORATORY		384	43,700	30,998		
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL THERAPY						
51 02	SOCIAL WORK SERVICES						
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS		10,002	567,476	450,878		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		24,834	185,017			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		35,220	796,193	481,876		

TITLE XIX		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY	.008787	272
51	OCCUPATIONAL THERAPY		
51 01	OCCUPATIONAL THERAPY		
51 02	SOCIAL WORK SERVICES		
53	ELECTROCARDIOLOGY		
56	DRUGS CHARGED TO PATIENTS	.017625	7,947
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.134226	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		8,219

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					12,603	
31	SUBPROVIDER						
101	TOTAL					12,603	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	8
31	SUBPROVIDER	10,038	
101	TOTAL	10,038	

TITLE XIX

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL THERAPY						
51 02	SOCIAL WORK SERVICES						
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX		HOSPITAL			PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P	PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST	
LINE NO.		3		3.01	4	5	5.01	6	7	
41	ANCILLARY SRVC COST CNTRS									
44	RADIOLOGY-DIAGNOSTIC				43,700			30,998		
51	LABORATORY									
51	OCCUPATIONAL THERAPY									
51 01	OCCUPATIONAL THERAPY									
51 02	SOCIAL WORK SERVICES									
53	ELECTROCARDIOLOGY									
56	DRUGS CHARGED TO PATIENTS				567,476			450,878		
	OUTPAT SERVICE COST CNTRS									
60	CLINIC				185,017					
	OTHER REIMBURS COST CNTRS									
101	TOTAL				796,193			481,876		

TITLE XIX		HOSPITAL				PPS	
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL THERAPY						
51 02	SOCIAL WORK SERVICES						
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX - I/P

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	12,603
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	12,603
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12,603
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10,038
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7,406,234
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	7,406,234
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,139,148
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,139,148
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.563677
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,042.54
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	7,406,234

TITLE XIX - I/P

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	587.66
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5,898,931
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5,898,931

	TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
	I/P COST	I/P DAYS	PER DIEM	DAYS	COST
	1	2	3	4	5

42	NURSERY (TITLE V & XIX ONLY)	
	INTENSIVE CARE TYPE INPATIENT	
	HOSPITAL UNITS	
43	INTENSIVE CARE UNIT	
44	CORONARY CARE UNIT	
45	BURN INTENSIVE CARE UNIT	
46	SURGICAL INTENSIVE CARE UNIT	
47	OTHER SPECIAL CARE	1
		431,824
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	6,330,755
49	TOTAL PROGRAM INPATIENT COSTS	

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	537,435
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	8,219
52	TOTAL PROGRAM EXCLUDABLE COST	545,654
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	5,785,101

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P

HOSPITAL

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
 SERVICE COST
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 68 PROGRAM ROUTINE SERVICE COST
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
 72 PER DIEM CAPITAL-RELATED COSTS
 73 PROGRAM CAPITAL-RELATED COSTS
 74 INPATIENT ROUTINE SERVICE COST
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
 78 INPATIENT ROUTINE SERVICE COST LIMITATION
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
 80 PROGRAM INPATIENT ANCILLARY SERVICES
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 587.66
 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		7,406,234			
87 NEW CAPITAL-RELATED COST	674,734	7,406,234	.091104		
88 NON PHYSICIAN ANESTHETIST		7,406,234			
89 MEDICAL EDUCATION		7,406,234			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX		HOSPITAL	PPS		
WKST A	COST CENTER DESCRIPTION		RATIO COST	INPATIENT	INPATIENT
LINE NO.			TO CHARGES	CHARGES	COST
			1	2	3
25	INPAT ROUTINE SRVC CNTRS			9,549,966	
31	ADULTS & PEDIATRICS				
	SUBPROVIDER				
41	ANCILLARY SRVC COST CNTRS				
44	RADIOLOGY-DIAGNOSTIC		.774485	30,998	24,007
51	LABORATORY				
51	OCCUPATIONAL THERAPY				
51 01	OCCUPATIONAL THERAPY				
51 02	SOCIAL WORK SERVICES				
53	ELECTROCARDIOLOGY				
56	DRUGS CHARGED TO PATIENTS		.904496	450,878	407,817
	OUTPAT SERVICE COST CNTRS				
60	CLINIC		1.228757		
	OTHER REIMBURS COST CNTRS				
101	TOTAL			481,876	431,824
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES			481,876	

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES		
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL	335,038	
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS	-335,038	
	SUBTOTAL		
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES	9,549,966	
11	ANCILLARY SERVICE CHARGES	481,876	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	10,031,842	
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
18	PAYMENT FOR SERVICES ON A CHARGE BASIS		
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT		
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
22	RATIO OF LINE 17 TO LINE 18		
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	10,031,842	
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	10,366,880	
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
26	COST OF COVERED SERVICES	-335,038	
27	PROSPECTIVE PAYMENT AMOUNT		
28	OTHER THAN OUTLIER PAYMENTS	8,429,109	
29	OUTLIER PAYMENTS		
30	PROGRAM CAPITAL PAYMENTS		
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
34	SUBTOTAL	8,094,071	
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	10,031,843	
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE	8,094,071	
37	XVIII ENTER AMOUNT FROM LINE 30		
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
39	EXCESS OF REASONABLE COST		
40	SUBTOTAL	8,094,071	
41	COINSURANCE		
42	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
43	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
44	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING		
45	BEFORE 10/01/05 (SEE INSTRUCTIONS)		
46	ADJUSTED REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
47	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING		
48	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
49	UTILIZATION REVIEW		
50	SUBTOTAL (SEE INSTRUCTIONS)	8,094,071	
51	INPATIENT ROUTINE SERVICE COST		
52	MEDICARE INPATIENT ROUTINE CHARGES		
53	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
54	PAYMENT FOR SERVICES ON A CHARGE BASIS		
55	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
56	FOR PAYMENT OF PART A SERVICES		
57	RATIO OF LINE 43 TO 44		
58	TOTAL CUSTOMARY CHARGES		
59	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
60	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
61	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER		
62	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
63	OTHER ADJUSTMENTS (SPECIFY)		
64	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		
65	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
66	SUBTOTAL	8,094,071	
67	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
68	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
69	TOTAL AMOUNT PAYABLE TO THE PROVIDER	8,094,071	
70	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
71	INTERIM PAYMENTS	8,094,071	
72	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
73	BALANCE DUE PROVIDER/PROGRAM		
74	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

Health Financial Systems MCRIF32 FOR LINCOLN PRAIRIE BEHAVIORAL HC IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
I PROVIDER NO: I PERIOD: I PREPARED 9/22/2009
I 14-4999 I FROM 5/ 1/2008 I WORKSHEET E-3
I COMPONENT NO: I TO 4/30/2009 I PART III
I - I I

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

HOSPITAL

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	60			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	3,295,712			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY				
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	1,113,682			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	4,409,454			
FIXED ASSETS					
12	LAND	3,744,600			
12.01	LAND IMPROVEMENTS				
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	13,074,218			
14	LESS ACCUMULATED DEPRECIATION	-568,480			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	1,472,245			
18	LESS ACCUMULATED DEPRECIATION				
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	17,722,583			
21	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	14,000			
26	TOTAL OTHER ASSETS	14,000			
27	TOTAL ASSETS	22,146,037			

BALANCE SHEET

I

14-4999

I FROM

5/ 1/2008

I

I TO

4/30/2009

I

WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	201,812			
29 SALARIES, WAGES & FEES PAYABLE	358,467			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	138,174			
36 TOTAL CURRENT LIABILITIES	698,453			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	22,248,178			
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	22,248,178			
43 TOTAL LIABILITIES	22,946,631			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-1,800,594			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-1,800,594			
52 TOTAL LIABILITIES AND FUND BALANCES	21,146,037			

GENERAL FUND	SPECIFIC PURPOSE FUND
1 2	3 4

1	FUND BALANCE AT BEGINNING	-789,529
2	OF PERIOD	
2	NET INCOME (LOSS)	-1,011,063
3	TOTAL	-1,800,592
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)	
4	ROUNDING	-2
5		
6		
7		
8		
9		
10	TOTAL ADDITIONS	-2
11	SUBTOTAL	-1,800,594
11	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)	
12	DEDUCTIONS (DEBIT ADJUSTM	
13		
14		
15		
16		
17		
18	TOTAL DEDUCTIONS	
19	FUND BALANCE AT END OF	-1,800,594
19	PERIOD PER BALANCE SHEET	

ENDOWMENT FUND	PLANT FUND
5 6	7 8

1	FUND BALANCE AT BEGINNING	
2	OF PERIOD	
2	NET INCOME (LOSS)	
3	TOTAL	
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)	
4	ROUNDING	
5		
6		
7		
8		
9		
10	TOTAL ADDITIONS	
11	SUBTOTAL	
11	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)	
12	DEDUCTIONS (DEBIT ADJUSTM	
13		
14		
15		
16		
17		
18	TOTAL DEDUCTIONS	
19	FUND BALANCE AT END OF	
19	PERIOD PER BALANCE SHEET	

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	13,139,148		13,139,148
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	13,139,148		13,139,148
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	13,139,148		13,139,148
17 00 ANCILLARY SERVICES	831,263	138	831,401
18 00 OUTPATIENT SERVICES		185,017	185,017
24 00 PHYSICIAN REVENUE	1,342,050		1,342,050
25 00 TOTAL PATIENT REVENUES	15,312,461	185,155	15,497,616

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	9,216,232
ADD (SPECIFY)	
27 00 BAD DEBT	117,728
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	117,728
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	9,333,960

DESCRIPTION		
1	TOTAL PATIENT REVENUES	15,497,616
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	7,192,847
3	NET PATIENT REVENUES	8,304,769
4	LESS: TOTAL OPERATING EXPENSES	9,333,960
5	NET INCOME FROM SERVICE TO PATIENTS	-1,029,191
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	13,464
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,347
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	3,190
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	127
25	TOTAL OTHER INCOME	18,128
26	TOTAL	-1,011,063
OTHER EXPENSES		
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,011,063